8653455

August 26, 1986 Called in by Ron.

Department of Health Services
Toxic Substances Control Division
Sacramento, California

State of California-Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

	A	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID CLAX 100 101 03		Manifest cument No.	2. Pa	ge 1 . 1			the shaded areas red by Federal	
		Generator's Name and Mailing Address F. M. Thomas				A. State Manifest Document Number 86534584					
		Duce Culif					B. State Generator's ID				
	1	4. GENERALD S Phone 1 i f .) 714/738-1062					CAX00038034 C. State Transporter's ID				
	F. M. Thomas			AX 101 90 101 380 1 34							
	7	Transporter 2 Company Name	8.	US EPA ID Number			E. State Transporter's ID F. Transporter's Phone				
	Designated Facility Name and Site Address 10.			US EPA ID Nun	nber G. State Facility's ID						
		Omega Recovery Services CAD042245001 12504 E. Whittier Blvd. H. Facility's Phone									
	L	Whittier, CA 90602 C AD 0 42 24 5 00 1 213/698-0991							L		
	L		ption (Including Proper Shipping Name, Hazard Class, and ID			tainers 13. Total Type Quantity		14. Unit Wt/Vol Waste No.			
G		Hazardous Waste Liqu	id NOS. ORM-E	NA 9189						017	
N E A		(R-11)				DM	لــــــــــــــــــــــــــــــــــــــ		Þ	211	
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	d										
										interest to the same	
	1,	J. Additional Descriptions for Materials Listed Above K. Handling Codes for Waste							vvastes t	Isted Above	
						^	.07				
	15	5. Special Handling Instructions and Additional	information								
$\ $	16	6. GENERATOR'S CERTIFICATION: I hereby decia	re that the contents of this	consignment are fu	lly and accu	rately c	lescrib	ed above	by		
		proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations									
		Unless I am a small quantity generator who under Section 3002(b) of RCRA, I also certi	n place to reduce t	he volume	and tox	ICITY O	i waste d	ienerated	i to the degree i		
		have determined to be economically practic minimizes the present and future threat to hu	man health and the environ	iment.	ment, stora	ge, or t	0150056	Current	- b	Month Day Year	
A		Ronnied Boy		gnature Con	me	2	Se	yel	1	8 2686	
Ť R	17	7. Transporter 1 Acknowledgement of Receipt of		A			7	0	20	Month Day Year	
RANSP		Printed/Typed Name E BOY	ETT	gnature / Con	Me	2	5	Delle	\mathcal{D}_{i}	8 26 36	
OR	18	3. Transporter 2 Acknowledgement of Receipt of						0		Marth Day Year	
O R T E R		Printed/Typed Name	Si	gna*ure			i		1	Month Day Year	
		19. Discrepancy Indication Space RELECTED 4 DOWNS, 440 lbs									
FACIL	A	ELELVED 4 DOWNS,	440 103								
1								ad le 14	n 10		
Ť	20	. Facility Owner or Operator: Certification of I Printed/Typed Name		rials covered by thi	s manifest	except	as not	ed in Iter		Month Day Year	
		John HALTE		for	2tel					181216186	

DHS 8022 A (11/85) (EPA 8700—22) White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento CA 95812